

# FORM UP-1 SUMMARY REPORT



FOR TREASURY USE ONLY

## REPORTS AND REMITTANCE are due November 1

of each reporting year for the property listed that is  
unclaimed as of the preceding June 30th:

**Lynn Fitch**  
State Treasurer

## STATE OF MISSISSIPPI UNCLAIMED PROPERTY REPORT

REPORT YEAR \_\_\_\_\_ Date of this report \_\_\_\_\_ Federal ID # \_\_\_\_\_

*Name of Holder:*

*Contact Person*

*Mailing Address*

*Phone*

*Fax*

*City, State, Zip*

*E-Mail address*

*Type of Business*

*Years qualified to do business in Mississippi*

In compliance with the Mississippi Uniform Disposition of Unclaimed Property Act the above holder hereby reports the following property subject to the Act for the period ending June 30:

Funds held and owing which have remained unclaimed and unpaid and presumed abandoned, as reported in detail on the attached forms, amounting in total to \$ \_\_\_\_\_

### ***AFFIDAVIT***

State of \_\_\_\_\_ County/City of \_\_\_\_\_

I, \_\_\_\_\_,

*(Type in name of officer, owner, etc., signing)*

*(Type in title of person signing)*

of the company, or holder, for which this report is made, being duly sworn (or affirmed) according to law do depose and say that this report is true and contains all facts required by law to be reported.

\_\_\_\_\_  
Signature of officer, owner, etc.

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

### **MAIL REPORT & CHECK PAYABLE TO:**

**State Treasurer of Mississippi  
Unclaimed Property Division  
P. O. Box 138  
Jackson, MS 39205-0138**

**FILE THIS COPY ON OR BEFORE  
NOVEMBER 1 WITH FORM UP-2**

# FORM UP-2



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**To: State Treasurer of Mississippi  
Unclaimed Property Division  
P. O. Box 138  
Jackson, MS 39205-0138**

## STATE OF MISSISSIPPI UNCLAIMED PROPERTY REPORT

### HOLDER INFORMATION:

*Name of Business*

*Street Address*

*City, State, Zip Code*

*Contact*

*Phone*

REPORT YEAR \_\_\_\_\_ PERIOD COVERED \_\_\_\_\_ TO \_\_\_\_\_

PROPERTY DESCRIPTION & IDENTIFYING NUMBER	OWNER'S LAST NAME, FIRST NAME STREET ADDRESS CITY, STATE, ZIP CODE COUNTY (IF KNOWN) LIST ALPHABETICALLY BY LAST NAME	OWNER SOCIAL SECURITY NUMBER	DATE OF LAST TRANSACTION OR DATE PROPERTY BECAME PAYABLE / RETURNABLE	AMOUNT REPORTED AS DUE OWNER

**FILE THIS COPY ON OR BEFORE NOVEMBER 1 WITH FORM UP-1**

**NOTE: ITEMS LESS THAN \$100.00 MAY BE REPORTED IN AGGREGATE**

**TOTAL**

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